

PAID RESEARCH REQUEST FORM

Information requests may be made into collections stored at the Archives & Records Management Office (A&RM), especially those that are closed to the public. Please tell us what research question you are trying to answer and give us as much information as you can. Research will be completed by A&RM staff for a flat fee of \$25 an hour. No research will be released until payment has been received. Please mail this form and a check, cashier's check, or money order to: Diocese of St. Augustine Attn: Fiscal, 11625 Old St. Augustine Road Jacksonville, FL 32258. Please do not use this form for genealogy research. If making a genealogy, please use the "Sacramental Information Request form."

Researcher Contact Information

First Name:		Last Name:			
Address:			•		
City:		State/Zip:	State/Zip:		
Phone:		E-mail:	E-mail:		
Institution:	titution: Level of Study:				
Time Requeste		f St. Augustine. No research will	ha ralagead bafara	ngumant has been resei	and I
(Checks may be made	out to catholic blocese of	j St. Augustine. No research wiii	be released bejore	payment has been recen	veu.)
1 hour	2 hours	3 hours	4 hours	other:	_ hours
as many as r	equired (you will be i	nvoiced for our time at \$25	per hour)		
Research Topic/	Question				
Summary of Info	rmation Already Ga	thered			



Anticipated final product of research and completion date:					
Anything else we need to know?					
(For internal use only)					
Staff/Date Assigned:	Date Completed:				
Collections Used:					
Summary of Staff Findings:					
	-				